

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

1071065

## CLAIMS AS FILED - PART I

|                                                           | (Column 1)   | (Column 2)   |
|-----------------------------------------------------------|--------------|--------------|
| TOTAL CLAIMS                                              |              |              |
| OR                                                        | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20 =   |              |
| DEPENDENT CLAIMS                                          | minus 3 =    |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|                                                                         | (Column 1)                       |       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
|                                                                         | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   | 37                               | Minus | 40                                 | =             |
| Independent                                                             | 6                                | Minus | 6                                  | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

|                                                                         | (Column 1)                       |       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
|                                                                         | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   |                                  | Minus |                                    | =             |
| Independent                                                             |                                  | Minus |                                    | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

|                                                                         | (Column 1)                       |       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
|                                                                         | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   |                                  | Minus |                                    | =             |
| Independent                                                             |                                  | Minus |                                    | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 150.00 |
| X\$ 25=   |        |
| X100=     |        |
| +180=     |        |
| TOTAL     |        |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 300.00 |
| X\$50=    |        |
| X200=     |        |
| +360=     |        |
| OR TOTAL  |        |

|                                                                         | (Column 1)                       |       | (Column 2)                         | (Column 3)    |
|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
|                                                                         | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total                                                                   |                                  | Minus |                                    | =             |
| Independent                                                             |                                  | Minus |                                    | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 25=          |                |
| X100=            |                |
| +180=            |                |
| TOTAL ADDIT. FEE |                |

| RATE                | ADDITIONAL FEE |
|---------------------|----------------|
| X\$50=              |                |
| X200=               |                |
| +360=               |                |
| OR TOTAL ADDIT. FEE |                |

| RATE    | ADDITIONAL FEE |
|---------|----------------|
| X\$ 25= |                |
| X100=   |                |
| +180=   |                |

| RATE   | ADDITIONAL FEE |
|--------|----------------|
| X\$50= |                |
| X200=  |                |
| +360=  |                |